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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Angola

The Executive Director recommends that the Executive Board approve the country programme of Angola for the period 1991 to 1995 in the amount of $11,000,000 from general resources, subject to the availability of funds, and $27,500,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. The impact of the war in Angola has been devastating. Economic infrastructures and key transport routes have been sabotaged; an estimated 25 per cent of primary schools and health units, and 75 per cent of small town and rural water supply systems have been destroyed; government services have been disrupted and personnel intimidated; terrorism and anti-personnel mines have isolated vast tracts of productive rural land; and the war's domination of government resources and spending (40 per cent) has crippled social sector budgets, severely reduced foreign exchange allocations for essential imports (such as drugs) and diverted scarce human resources from the economic and social sectors to essential defence and security. In human terms, the United Nations estimates that since 1980, the war has directly or indirectly contributed to the deaths of some 500,000 young children, caused the handicaps of over 40,000, denied access to basic health and education services for some 2 million, deprived 1.5 million people of safe water supplies, caused the orphaning and/or abandonment of countless thousands of young children and left a legacy that has traumatized and psychologically affected an entire generation.

2. The major problems affecting women and children in Angola today are extremely high rates of infant, young child and maternal mortality; widespread malnutrition and illness; and a chronic lack of food security for the large majority of both urban and rural families.

3. Unlike the downward mortality trends of other sub-Saharan African countries, the trend in Angola is upward. Despite high total fertility rates (estimates range from 6.6 to 8.8 births per woman), population growth (2.6 per cent per annum) has been suppressed by very high mortality rates, which have also contributed to the low life expectancy of 45 years. The under-five mortality rate (U5MR) is estimated at 288 per 1,000 live births and the infant mortality rate (IMR) at 169 per 1,000 live births. In 1988, IMR and U5MR estimates for the capital, Luanda, were 84.4 and 167.2 per 1,000 live births, respectively, while in severely affected areas, these rates were as high as 200 and 375 per 1,000 live births, respectively. Similarly, maternal mortality rates (MMRs) were high, with available data suggesting a range of between 630 and 1,100 per 100,000 live births.

4. The immediate causes of such high mortality rates are neonatal tetanus, diarrhoea, malaria, acute respiratory infections (ARI), malnutrition and measles. High incidences and prevalences of those illnesses are exacerbated by malnutrition. Although data are scarce, malnutrition is widespread among both adults and children. Reflecting poor maternal health, the prevalance of low birth weight is as high as 17 per cent and the prevalence of young child malnutrition ranges up to 40 per cent, while hospital records suggest that up to 50 per cent of under-five hospital mortality is directly attributable to malnutrition.

5. Underlying much of the mortality are a number of immediate causes including massive population displacement and disorientation, low and

declining levels of household food security, low levels of access and utilization of basic (especially health) services and inappropriate young childcare and feeding practices. Those factors are, in turn, sustained by other, more structural causes rooted in the pattern of underdevelopment inherited at independence in 1975, the drought and the results of two decades of war, insecurity and economic stagnation.

6. Reflecting inadequate past investments in education and the destruction and consequent overtaxing of educational infrastructures, the adult literacy rate stands at 28 per cent. Not only is access to primary school extremely limited, but educational efficiency is low, with high repeater and drop-out rates reflecting the poor quality of teachers, the unavailability of teaching materials, high student/teacher ratios and the frequent disruption of the school year due to insecurity.

7. While nationally, access to health services is estimated at 30 per cent, there are significant rural and urban differences. In Luanda, probably the best served city and area of the country, 70 per cent of deliveries occur outside of health facilities and immunization coverage rates are less than 45 per cent. In other cities and secure rural areas, access is significantly less. With limited availability of essential curative and promotive services, combined with poor housing and a congested living environment, both urban and rural populations are subject to constant epidemics (especially cholera and typhoid) which again reflect limited access to potable water supplies (30 per cent) and to adequate sanitation (19 per cent).

8. Food security for most rural households has been undermined by drought, insecurity, low production incentives, limited access to markets and marketing infrastructures and the unavailability of agricultural inputs and extension advice. In urban areas (estimated at 40 per cent of the population), formal sector employment and remunerative informal sector opportunities are scarce, while food prices are extortionate.

9. Available information indicates that over 5 million people suffer from serious food shortages or are severely affected by the war and the drought. Among these are 700,000 people who have been forced to abandon their homes; an estimated 300,000 who have stayed in rural areas, but whose livelihoods are seriously threatened; 1.5 million affected by four consecutive years of drought in the central-southern provinces; and an estimated 2.8 million urban dwellers who, it is estimated, are spending more than 70 per cent of their incomes on food alone. Especially vulnerable within those groups are the female-headed households with high dependency ratios. As able-bodied men have been conscripted by the war, rural and urban women alike have been burdened with increased responsibilities of income generation and providing and caring for the family, while at the same time productive opportunities have declined and social services have either collapsed or function ineffectively.

10. In the medium term, the two most important determinants of child survival and development (CSD) will be peace and the implementation of the economic reform programme. While peace will make more of the vulnerable population

accessible for social service delivery, the economic reform programme will most likely constrain social sector budgets and the capacity to deliver the required services.

PROGRAMME CO-OPERATION, 1987-1990

11. The 1987-1990 programme sought to: (a) increase the coverage, quality and access to essential primary health care (PHC) services; (b) reduce the prevalence of water-borne diseases and the labour burden of water carrying for women by expanding access to potable water supplies; (c) improve the quality of young children's education by training primary and provisional schoolteachers; (d) improve access to early childhood development services through the promotion of appropriate community-based pre-school services; (e) empower women with the knowledge and skills required to protect and promote the survival and healthy development of their children; and (f) provide emergency relief, survival and rehabilitation assistance to vulnerable groups affected by war and drought.

Health and nutrition

12. With considerable investment in the expanded programme on immunization (EPI) and a shift in strategy focus, immunization rates are on the increase. The Luanda universal child immunization (UCI) acceleration strategy has proven effective, with coverage rates increasing from 19 per cent in 1988 to 45 per cent by the end of 1989, and it is expected that the UCI goal will be achieved by the close of 1990. This has led to the expansion of the urban strategy to 5 other major cities in 1990, with plans to cover all 18 provincial cities. In rural areas, the destruction of some 70 health posts has reduced access to immunization. Consequently, efforts have focused on secure rural areas and displaced peoples' settlements, and rural coverage is estimated to be little more than 10 per cent. UNICEF, with support from the Governments of Italy and Sweden, has provided vaccines, cold-chain equipment, transport, training and social mobilization support.

13. Diarrhoeal diseases remain the single most important threat to young children's growth and survival. In Luanda, 70 per cent of mothers are able to practice oral rehydration therapy (ORT) correctly. The Ministry of Health estimates that infant mortality due to diarrhoea has been halved over the past five years.

14. While significant in Luanda, expansion to a national scale has been slow. In other provincial cities, the correct use of oral rehydration salts (ORS) among mothers is lower (50 per cent in Lubango); the 1990 essential drugs evaluation noted with concern the use of inappropriate antibiotics and the 1989 EPI evaluation noted problems with ORS distribution. To address those problems, plans have been modified to accelerate staff training and community education. UNICEF assistance has been utilized to train and equip 140 ORT units; train managers in supervision; provide over 3 million ORS packets; develop and produce mass and community education materials on

diarrhoea prevention and management; and conduct evaluations and operational research activities.

15. To increase access to basic PHC services, UNICEF, with support from the Government of Italy, has provided essential drugs and training support for 40 health posts in Bengo and Kwanza Sul provinces, benefiting 265,000 people. Nationally, over 2,000 traditional birth attendants (TBAs) and 1,500 rural health promoters have been trained and, with support from the United Nations Capital Development Fund (UNCDF), equipment and transport have been provided for the rehabilitation of 40 health centres, 300 health posts and 20 laboratories. Over 2,500 basic drug kits, essential medical equipment for 60 hospitals and health posts, water storage tanks for 30 health centres and light vehicles and bicycles for supervision have been provided.

16. Progress in developing nutrition surveillance, rehabilitation and growth-monitoring services has been slow. Over the past two and one half years, over 300,000 growth charts have been distributed, but in Luanda only 42 per cent of children possess a growth card. In the other main urban areas of the country, card retention rates are lower (27 per cent) and are expected to be lower still in accessible rural areas.

Water and sanitation

17. While limited funding has considerably constrained implementation, water and sanitation activities have been implemented in Malange, Namibe, Huambo, Cunene and Moxico provinces. With assistance from the European Economic Community, UNCDF and the Governments of Australia and the United Kingdom, over 300 boreholes have been rehabilitated and installed with hand-pumps, providing safe water to an estimated 130,000 people. The Huambo hospital water supply system and Luena town pumping station and main pipelines have been rehabilitated. In the Malange project, proximity to safe water was reduced from approximately 600 metres to 100 metres and water consumption increased by 23 per cent in beneficiary households. Progress in strengthening water source maintenance services and in promoting improved sanitation practices has been slower.

Education and care of the young child

18. Over 530 primary and provisional schoolteachers have received in-service training. Through these projects, an estimated 25,000 primary schoolchildren and 1,200 provisional school students have benefited from improved teaching quality, access to teaching and learning materials and the introduction to CSD skills. The community-based pre-school programme has experienced rapid growth. Forty centres in 11 provinces are now operating and provide essential early childhood development services for some 11,270 children aged 2 to 6 years.

Women in development

19. As much as possible, UNICEF concern of UNICEF for women in development has been considered and integrated within sectoral projects. Support was provided to the Organisaóao da Mulker Angolana (OMA) (Organization for Angolan Women), which has supported the training of pump caretakers in Malange, TBAs and health defenders and social promoters who play a leading role in EPI, ORT and family planning education and motivation. The OMA Bureau of Projects and Studies was strengthened with the objective of enhancing the advocacy role of OMA on behalf of women. With the Department of New and Renewable Sources of Energy, investigations have been initiated into appropriate technologies offering economic and labour-saving benefits to women.

Emergency assistance

20. Since 1987, the population recognized as severely affected by drought and war alone has increased considerably - from less than 1 million to over 2.5 million. Despite the limited responses to emergency appeals (only 29 per cent of funding needs have been met), funds have been utilized to: (a) strengthen the advocacy, planning and logistics capabilities of the Unidade Tecnical Admistrativa-Emergencia (UTA-E) (Unit for Technical Administration-Emergency), the Secretarido d'Estado dos Asuntos Sociais (SEAS) (Secretariat of State for Social Affairs) and the Ministry of Health to enable them to respond appropriately to developing emergency needs; (b) provide relief and survival assistance; and (c) support resettlement and rehabilitation. Targeting those displaced by war and affected by drought, it is estimated that relief and survival assistance has reached approximately 150,000 people; that supplementary feeding assistance has reached approximately 30 per cent of the displaced population totalling some 210,000 people; and that support to SEAS in strengthening logistics systems has enabled food supplies to be distributed to the vast majority of the displaced population. Resettlement and rehabilitation support have focused on Benguela Province, where approximately 100,000 people have received seeds and agricultural tools to permit the resumption of agricultural activity. In collaboration with the Save the Children Fund, strategies are being developed to trace and reunite families and to provide support to child victims of war.

Social statistics, monitoring and evaluation

21. With UNICEF assistance, the Ministry of Planning undertook a study of the "Social Dimensions of Adjustment in Angola", which was followed by an income, expenditure and nutrition survey of Luanda. The results of this survey will be utilized in policy-making regarding food prices, the introduction of user charges and the consideration of additional safety-net strategies required to minimize the adverse effects of adjustment and protect the urban poor and vulnerable. Efforts have also been directed towards improving statistical databases, as well as the management and dissemination of documentation relevant to planning and monitoring the situation of children in Angola; and strengthening the systems and procedures for joint government/UNICEF monitoring and evaluation of UNICEF-assisted programmes.

Lessons learned

22. The lessons learned during the period 1987-1990 recognize the need to concentrate attention on advocacy, policy formulation and capacity-building with the following main lines of intervention:

(a) Strengthening the focus on the most vulnerable groups to avoid dispersion of scarce resources, increase the impact of essential activities and guide national and international advocacy and fund-raising efforts;

(b) Increasing the emphasis on policy and strategy formulation, linking emergency (short-term) rehabilitation and reconstruction with development (medium- to long-term) programme concerns;

(c) Giving priority to local-level programming in pursuit of national objectives. This strategic orientation recognizes the need to make efficient use of scarce UNICEF resources so as to achieve a lasting and sustainable impact through more integration and complementary action at the provincial level and improved targeting in a number of selected provinces, bearing in mind levels of vulnerability, success factors and potential for replicability. Lessons learned through this process of planning and programme interventions at subnational levels will, in turn, influence government thinking and the search for more adequate planning and decision-making methods. Area-based programming may not be feasible in the short or medium term, but the approach advocated enables the Government to test ideas regarding the decentralization of decision-making and resource allocation, which are essential elements for effective area-based programming;

(d) Giving increased support to national institutional capacity-building in policy formulation, planning, management, monitoring and evaluation; and improving information collection, analysis and use.

RECOMMENDED PROGRAMME CO-OPERATION, 1991-1995

Recommended general resources: $11,000,000
Supplementary funds: $27,500,000

Recommended programme co-operation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Primary health care and nutrition	2 360	13 280	15 640
Water, sanitation and hygiene	1 305	11 530	12 835
Education and children in especially difficult circumstances	2 250	-	2 250
Social mobilization, communications and advocacy	660	730	1 390
Planning for women and children	1 135	360	1 495
Country programme support	2 600	-	2 600
Area-based programmes:			
Luanda child survival and development	380	310	690
Huila basic services	310	1 290	1 600
Subtotal, Area-based programmes	690	1 600	2 290
Total	11 000	27 500	38 500

a/ The breakdown for estimated yearly expenditures is given in table 3 below.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Programme preparation

23. The Government and UNICEF have agreed upon common strategies best suited to promote CSD in Angola's current circumstances. The mid-term review in 1989 was followed by a series of strategy meetings to define future programme strategies, goals and objectives and major programme components.

Programme goals and strategies

24. The overall goal is to improve the situation of Angolan children and women by developing a series of mutually supportive services. Recognizing that high mortality and malnutrition rates reflect, and are sensitive to, the deeper problems Angola faces, over the programme period, the country programme seeks to reduce IMR from an estimated 170 to 145 per 1,000 live births; reduce U5MR from an estimated 290 to 255 per 1,000 live births; reduce MMR to below 400 per 100,000 live births; and reduce the prevalence of acute malnutrition among children under five years of age by 50 per cent.

25. In responding both to the immediate needs of vulnerable groups and to the underlying and more structural causes of their vulnerability, the programme combines complementary strategies providing short-term relief and survival assistance for populations affected by war and drought, as well as medium- to longer-term support for the rehabilitation of basic services, the promotion of household food security and the development of national capacities.

26. Targeting the urban poor, the rural displaced and those affected by war and drought, the programme will integrate those strategies and will be articulated primarily through a geographic convergence of UNICEF regular and emergency programme assistance within the six more populous and worst affected provinces: Luanda, Bengo, Kwanza Sul, Benguela, Huila and Cunene. Additional support will be provided to two of the provinces, Luanda and Huila, to strengthen subnational planning and the appropriate community participatory approaches.

27. Programmes supported nationally will promise a cost-effective impact on child mortality and women's well-being. Paramount among those will be accelerated immunization and CDD activities; communication and social mobilization to increase mothers' child-care abilities and promote health service utilization; and the strengthening of statistical and information systems to improve characterization and monitoring of vulnerable groups, allow for better decision-making and improve targeting of advocacy efforts.

Emergency

28. The emergency programme will combine short-term measures to avert death and suffering with medium- to longer-term measures enabling the rehabilitation of basic social services, family resettlement and the re-establishment of household food security.

29. Emergency programme activities will be expanded under the Special Relief Programme for Angola (SRPA), with particular attention to the nine provinces worst affected by drought and war (Kwanza Sul, Benguela, Huambo, Bie, Moxico, Kuando Kubango, Huila, Namibe and Cunene). Within those provinces, the efforts of UNICEF, the World Food Programme, non-governmental organizations and local programmes will aim to ensure the effective targeting and monitoring of food; assist displaced and drought-affected families to re-establish agricultural and pastoral production through the provision of essential inputs (seeds, tools and cattle vaccines); and improve access to immunization, basic health services and safe water supplies.

30. With SEAS, family tracing systems will be expanded to reintegrate orphaned or abandoned children, while community approaches will be developed to support children psychologically and physically affected by war. Training and planning assistance will also be provided to national authorities, particularly UTA-E, SEAS and Provincial Emergency Commissions.

Planning for women and children

31. In promoting government capacity to minimize the negative impacts of economic adjustment on poor and vulnerable groups, the Ministry of Planning will be assisted in establishing systems to monitor the "micro adjustments" made by households in response to policy changes, as well as their impact on the nutritional status and well-being of children and women. Studies will be supported to analyse the potential impacts of possible policy measures and their implications.

32. The National Institute of Statistics will receive support to establish a national database on the situation of women and children; strengthen its information collection, management and analytical capabilities; establish regular mechanisms for the dissemination of statistical data; and strengthen joint government/UNICEF monitoring of the country programme and key goals and objectives of the Fourth United Nations Development Decade (1991-2000). UNICEF will assist the Government in reviewing the situation of children in Angola and in preparing, in 1991, a National Programme of Action for the achievement by the year 2000 of the goals endorsed by the 1990 World Summit for Children.

Primary health care and nutrition

33. At the national level, EPI seeks to increase the proportion of fully vaccinated infants and pregnant women to 75 per cent. Specific targets are to reduce measles morbidity nationally by 50 per cent and neonatal mortality due to tetanus by 75 per cent in the seven largest cities. To achieve those targets, the urban UCI acceleration will be expanded to all provincial capitals, fixed-post and mobile maternal and child health/EPI services will be extended to secure rural areas and settlements of the war-displaced and vaccination services extended into insecure areas made accessible by the SRPA.

34. To reduce morbidity and mortality attributable to diarrhoeal diseases by 20 per cent and 25 per cent, respectively, extensive health education, social mobilization and health worker training will be conducted to ensure that 60 per cent of mothers are capable of providing correct case management of diarrhoea, that 80 per cent of the population has access to ORS and that 50 per cent of mothers know and practice at least three measures to prevent childhood diarrhoea. A total of 18 provincial-level diarrhoea training units will be established, all health staff and units will be equipped to provide correct case management and over 4,000 health and social promoters will be trained in diarrhoea management and prevention.

35. UNICEF will also assist the Ministry of Health to develop appropriate strategies for ARI prevention and management, with the objective of reducing mortality due to ARI by 20 per cent. The programme aims to improve the skills of health workers in the management of children with coughs and progressively to expand the role of community health promoters.

36. Complementing assistance from the Government of Sweden to the national essential drugs programme, UNICEF will provide essential drugs and training support for 180 health units in the provinces of Bengo and Kwanza Sul. Benefiting a population of over 1 million, priority attention will be focused on improving health workers' skills in managing common illnesses of women and children, in addition to educating mothers about the timely referral of sick children and the importance of following treatment schedules.

37. Responding to the high MMR, safe motherhood services will be strengthened with the objectives of increasing antenatal attendance to 70 per cent of pregnant women and increasing the proportion of institutional deliveries from 16 to 25 per cent. Complementing the support of the United Nations Population Fund, the Government of Sweden and the International Planned Parenthood Federation in promoting family spacing and improved obstetric services, UNICEF assistance will be directed towards the training of 2,400 TBAs and 130 TBA trainers. Through these efforts, the project seeks to ensure that all women having antenatal contact are immunized against tetanus, receive iron supplements and malaria prophylaxis and are educated about acquired immunodeficiency syndrome (AIDS), child spacing and maternal nutrition and care. At the community level, UNICEF assistance will be provided for the training of 1,800 community rural health promoters who, working in collaboration with TBAs, will provide limited curative services and community health education.

38. To provide mothers with timely and appropriate child-care advice, growth monitoring and promotion activities will be reinforced and expanded at the health centre and community levels. Overall, the project seeks to increase to 75 per cent the proportion of infants attending at least four growth monitoring sessions; increase to 25 per cent the proportion of children aged 12-35 months attending at least two such sessions; and increase to 30 per cent the proportion of mothers understanding the growth chart and exclusively breast-feeding their children until at least four months of age.

39. To improve Ministry of Health capabilities in monitoring and evaluating the coverage and impact of its PHC programme, assistance will also be provided to strengthen health information systems and expand the system of sentinel sites. Continued support will be provided to improve logistics systems and to reinforce, through training, the emergency planning and management skills of PHC managers.

40. Contributing to the overall country programme objective of reducing by 50 per cent the prevalence of acute malnutrition among children under five years of age, nutrition strategies will focus on improving understanding of the nutritional problems of children and women; advocating greater consideration of the effects on nutrition of policy decisions on emergency programmes, development and structural adjustment; and strengthening national capacities to target, manage and assess the impact of rehabilitation and food distribution programmes on vulnerable groups.

Water, sanitation and hygiene

41. Overall programme objectives are to reduce ill health among children and women due to poor water supplies, sanitation and hygiene (specifically to reduce by 20 per cent the incidence of diarrhoea morbidity in children under five years old); and to reduce the labour burden of women carrying water. Within the provinces of Huila, Cunene and Bengo, over 620 boreholes, 300 hand-dug wells and six small-scale rural and peri-urban water-supply systems will be rehabilitated or constructed, providing access to safe water for approximately 350,000 people. Maintenance services will be strengthened through the training and equipping of over 1,000 community pump or standpipe caretakers, the establishment of 13 municipal water source and hand-pump maintenance brigades and the equipping and training of three provincial-level maintenance teams. The programme seeks to increase the proportion of fully functioning hand-pumps and water points from present baseline estimates of 25-40 per cent to 75-80 per cent by 1995.

42. Some 3,500 pit latrines will be constructed within rural settlements for the war-displaced in peri-urban areas and at primary schools and clinics. The sanitation promotion component will be accompanied by an intensive hygiene communications strategy targeted primarily at women, young girls and primary schoolchildren. Support will also be provided to the National Directorate for Water to prepare a water and sanitation sector policy and action plan for the 1990s and to strengthen the Directorate's capacity to co-ordinate, monitor and support technically its implementation. To strengthen government capacity in borehole construction and rehabilitation, technical assistance will be provided to train and supervise drilling crews working in Huila and Cunene provinces; to improve the effectiveness of its hydrogeological and geophysical testing services; to train staff in water quantity and quality testing; and to strengthen capacity to ensure the full serviceability of the vehicles and equipment employed in the programme.

Education and children in especially difficult circumstances

43. The Government has designated 1991-1995 for a major review and reformulation of educational strategies and options. The education programme will strengthen national capacities for assessment of needs; identify options and strategies; advocate greater family and community awareness, support and initiatives; and provide more effectively delivered and relevant methodologies, materials and services in pre- and primary school education.

44. In pre-school education, projects will strengthen teacher training; target more services to children of poor female-headed households in peri-urban and rural areas; and stimulate community alternatives for accomplishing this goal. In primary education, staff training will be strengthened, particularly with respect to teaching skills in critical subject areas, and recognition of and attention to the needs of children in especially difficult circumstances who enter the regular school system.

45. While the programme stresses support to the Ministry of Education, the future National Institute of the Child and the Ministry of Health are also intrinsic to programme implementation. Underlying all interventions will be strategies to increase awareness of children's rights in Angola, which has recently signed the Convention on the Rights of the Child.

Social mobilization, communications and advocacy

46. While messages promoting improved maternal and child-care practices will be developed on the basis of research conducted by the various sector programmes, additional support will be provided to the Ministry of Information to research, develop, target and evaluate the impact of CSD and Facts for Life messages communicated through radio. To complement mass communications approaches, networks of CSD promoters and communicators - comprising members of the various political and mass organizations and NGOs - will be formed in six provinces and their members will be trained in effective CSD communications and mobilization techniques.

Area-based programmes

47. In Luanda, the entry point for developing more comprehensive basic services and poverty alleviation strategies will be to promote the survival, health and well-being of vulnerable and poor urban households during the period of economi adjustment. City-wide approaches will be based on the experience gained within the two poorest areas of Cazenga and Kilamba Kiaxi, where community-based sentinel sites have been established to provide continuous community assessments, mobilize community action and monitor the impact of actions and interventions.

48. In Huila province, regular and emergency assistance will be programmed to strengthen the capacities of provincial authorities in planning and managing the rehabilitation of basic services. Priority attention will be directed to increasing access to safe water supplies from 10 to 40 per cent, establishing

water maintenance services and promoting improved sanitation and hygiene practices among a target population of 170,000.

49. In the district of Chibia, collaboration with the Agricultural Development Institute will continue with the purpose of improving rural extension methods for working with peasants' associations.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Angola (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	292a/	(1989)	Very high U5MR
Infant mortality rate	173a/	(1989)	Very high IMR
GNP per capita	$ 1130	(1987)	Lower-middle GNP
Total population	10 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	277	354	405	449
Infant deaths (under 1)	(thousands)	50	55	67	78
Under-five deaths	(thousands)	84	92	114	131
Under-five mortality rate (per 1,000 live births)		302a/	261a/	281a/	292a/
Infant mortality rate (under 1) (per 1,000 live births)		180a/	155a/	166a/	173a/

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	..	..
	Severe	..	..
Babies with low birth weight (%, 1979/1988)		19	17b/
Children completing primary level (% of first grade, 1980/1988)		24	..

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1985)	../ 96c/..	../ 91c/..
Prevalence of wasting (%, 1980/1985)	..	..
Prevalence of stunting (%, 1980/1985)	..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)	92	82
Food production per capita index (Index 1979-1981=100, 1980/1989)	101	80
Household expenditure (% of total income, 1980-1985) All food/cereals		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			12
Access to health services	Total	30	..
(% of population, 1980/1987)	Urban/rural	../..	../..
Access to safe water	Total	21	30
(% of population, 1980/1987)	Urban/rural	85/ 10	87/ 15
Access to adequate sanitation	Total	22	19
(% of population, 1980/1987)	Urban/rural	40/ 15	29/ 16
Births attended by trained personnel (%, 1980/1984)		..	15
Maternal mortality rate (per 100,000 live births, 1979/1987)		..	..

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	..	30d/	32	46
	DPT	..	19d/	12	18
	Polio	..	13d/	13	19
	Measles	..	44d/	56	42
Pregnant women (%) immunized against	Tetanus	..	54d/	19	23

TABLE 1 (continued)

Angola

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	158/ ..	93/ ..
(%, 1980/1984)	Male	../ ..	../ ..
	Female	../ ..	../ ..
Secondary enrolment ratio (gross/net)	Total	19/ ..	13/ ..
(%, 1980/1984)	Male	../ ..	../ ..
	Female	../ ..	../ ..
Adult literacy rate, 15 years & older	Total	12	36
(%, 1970/1985)	Male/female	16/ 7	50/ 23
Radio/television sets			
(per 1,000 population, 1980/1988)		26/ 4	50/ 6

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	5.6	7.7	8.8	9.7	13.3
Population aged 0-15 years	(millions)	..	3.6	4.1	4.6	6.3
Population aged 0-4 years	(millions)	..	1.4	1.6	1.8	2.4
Urban population (% of total)		15	21	25	28	36
Life expectancy at birth	Total	37	41	43	45	50
(years)	Male	36	39	42	44	48
	Female	39	43	45	47	51
Total fertility rate		6.4	6.4	6.4	6.4	6.0
Crude birth rate (per 1,000 population)		49	47	47	47	45
Crude death rate (per 1,000 population)		27	23	21	20	16

		About 1980	Most recent
Contraceptive prevalence rate		1	..
(%, 1976/1987)			
Population annual growth rate	Total	2.8	2.6
(%, 1965-1980/1980-1989)	Urban	6.4	5.7

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	..
(%, 1965-1980/1980-1988)			
Inflation rate (%, 1965-1980/1980-1988)		..	..
Population in absolute poverty	Urban/rural	../..	../ ..
(%, 1977/1988)			
Household income share	Top 20%/bottom 40%	../..	../ ..
(%, 1977/1988)			
Government expenditure	Health/education	../ ..	6*/ 15*
(% of total expenditure, 1980/1987)	Defence	..	34*
Household expenditure	Health/education		../..
(% of total income, 1980-1985)			
Official development assistance:	$US millions	53	157
(1980/1988)	As % of GNP	2	..
Debt service			
(% of goods & services exports, 1980/1988)		..	..

a/ Provisional estimates.

b/ Luanda only.

c/ Duration not stated.

d/ Half the country only.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1987-1990

(In thousands of United States dollars)

COUNTRY: ANGOLA
LATEST BOARD APPROVAL: 1987
GENERAL RESOURCES: $5,924,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	608	3312	3	7	761	655		501	1372	4475	5847
Water supply and sanitation	142	2221			856	1064	75	46	1073	3331	4404
Nutrition	26	280			27	191	21	76	74	547	621
Education	437				246		215	9	898	9	907
Community organization and development	5	40					4		9	40	49
Women-centred programme	60	25	13		137	69	36	54	246	148	394
Advocacy						67		65		132	132
Emergency		10601		2		956		317		11876	11876
Planning and project support	255		21		622	84	710	47	1608	131	1739
Freight	161	1150							161	1150	1311
GRAND TOTAL	1694	17629	37	9	2649	3086	1061	1115	5441	21839	27280

GR = General resources.
FSF = Funded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: ANGOLA Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	450	470	470	480	490	2360
	NSF	2700	2700	2650	2600	2630	13280
Water supply and sanitation	GR	275	290	240	245	255	1305
	NSF	2460	2300	2270	2300	2200	11530
Education	GR	450	450	450	450	450	2250
Social mobilization and advocacy	GR	115	120	160	125	140	660
	NSF	170	150	140	140	130	730
Planning and social statistics	GR	270	240	210	240	175	1135
	NSF	60	70	70	80	80	360
Programme support	GR	480	500	540	530	550	2600
Integrated area-based programme (Luanda CSD programme)	GR	80	80	70	70	80	380
	NSF	40	60	70	60	80	310
Integrated area-based programme (Huila basic services programme)	GR	80	50	60	60	60	310
	NSF	70	220	300	320	380	1290
TOTAL	GR	2200	2200	2200	2200	2200	11000
	NSF	5500	5500	5500	5500	5500	27500
GRAND TOTAL		7700	7700	7700	7700	7700	38500

GR = General resources.
NSF = New supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: ANGOLA	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	4	1091
Local national Professional and General Service established posts	11	692
Operating costs		1061
Total	15	2844
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	8	1670
Supplementary funds	15	3041
Local national Professional and General Service project posts		
General resources	20	1036
Supplementary funds	17	880
Total	60	6627

a/ For information source, see 1992 post authorization table, dated January 1991.